

Data from the Willie M. Information System Tracks Progress of Willie M. Children and Youth

The **Willie M.** Information System provides a wealth of information about our clients and about our services' effectiveness. By carefully reviewing this data we are better able to plan and provide services which help clients overcome or cope with the problems which brought them into the **Willie M.** program. Information about significant areas of our clients' lives is collected and looked at regularly. This is a statewide summary of the most recent quarterly statistical information reports.

Risks, Protections and Resilience

Understanding our clients in terms of the *risk and protective factors* in their lives is key to

The average client has gained almost four *protective factors*.

This is a significant positive change.

deciding how to help them. Whether a child will have good or poor outcomes later in life is related to *protective and risk factors* in his/her life.

Risk Factors do not invariably lead to problems in the lives of chil-

dren, but rather increase the probability that such problems will arise. In looking at the characteristics of children with different outcomes, researchers have identified consistent risk factors *which are often associated with the development of negative outcomes*. *Risk Factors* include school failure, psychiatric illness, criminal involvement, vocational instability, and poor social relationships later in life.

By studying resilient children and their families, researchers are beginning to identify important features which seem to offer protection against the poor outcomes which are usually the result of living with many *risk factors*. These so-called *protective factors* protect no matter what the child's diagnosis, disability, or risks s/he faces in daily life.

Studies also show that the greater the number of *risk factors* a child has, the greater number of *protective factors* he or she needs to promote a positive outcome. This means that the more our service system can help clients "add" *protective factors* in their lives, the more we can expect to improve their long range outcomes. Acquiring protective factors when possible, is a major goal of the **Willie M.** program.

Our data shows that Willie M. clients have slightly fewer *protective factors* and significantly more *risk factors* even than other *at risk* youth.

	Willie M. Clients	Other At Risk Youth	Average Youth
<i>RISK FACTORS</i>	15.20	4-6	1-2
<i>PROTECTIVE FACTORS</i>	13.35	Over half	Most of 30

Client Progress in Important Life Areas

Data about clients and their progress is grouped into categories according to the important aspects of anyone's life. The **Willie M.** service system has defined outcomes towards which each **Willie M.** client should be progressing and measures progress against these outcomes.

BEHAVIORAL

Desired Outcome: The client develops the social competence and coping skills he/she needs in order to reduce or ameliorate assaultive and aggressive behaviors.

There has been significant positive change in the number of times clients engage in the key issues of physical assaultiveness, unhealthy risk-taking, self-injurious behavior and threatening others. Our data shows that the average client (who is in this program because of violent and assaultive behaviors) engages in these behaviors less than once a month.

SOCIAL

Desired Outcome: The client has at least one other person who is an advocate, friend, and confidant who maintains a long-term relationship with the child, fostering trust, self-esteem, and social competence.

While there is much room for improvement, positive change was noted in the amount of support the average client receives from others. The amount ranged between "little" to "some" support from others, including family, a mentor, friends, hired adults, and community groups. This, too, is a key area because of the importance of mentors to the process of instilling Protective Factors in children.

LEGAL

Desired Outcome: The client functions in the community with a minimum of contact with social control agencies ranging from the police to the court system.

Especially positive, because the **Willie M.** population is very high risk for legal problems, is the fact that in the months before the report, 87% of clients were not involved with the court system, **and** that trend is improving.

RESIDENTIAL

Desired Outcome: The child has a "home," even if it is not his natural home, which provides him with a safe, nurturing environment conducive to the achievement of all of his/her other goals.

Positive change was noted in the level of restriction and safety of a residence as well as how long the client has been there. Our data shows that for 3 months to 1 year, the average client has been living in a situation that provides less than "unlocked 24 hour supervision" and more than "some supervision beyond age needs" and is mostly safe.

EDUCATIONAL

Desired Outcome: The client attends and participates in educational services appropriate to his/her needs.

There has been positive change since this was last measured. The average client is moving from rating as better than "in class but significant problems" toward "occasional setbacks."

Reading Level: Overall, there has been a slight movement backward. The average client reads at a level slightly less than two grades below the grade appropriate for his or her age. This is unfortunate, because reading level has been shown to be an especially powerful aspect of positive outcomes later in life.

HEALTH

Desired Outcome: The client will, to the extent that he/she is able, maintain a state of health sufficient to his/her participation in normal, productive, and rewarding activities.

There has been a slight positive change overall, but it is important to note that the average is already near the top end of the scale. The average client shows less than "occasional problems which rarely impair activity."

For more information, check our Web site at: www.state.nc.us/DHR/DMH/williem
(Tip: "DHR" and "DMH" need to be in upper case letters.)